

jc839 U.S. PTO
01/17/02

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PTO/SB/05 (03-01)
Approved for use through 10/31/2002 OMB 0651-0032

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No _____

First Inventor _____

Title _____

Express Mail Label No. _____

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

- Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
- Applicant claims small entity status
See 37 CFR 1.27
- Specification [Total Pages 7] 7 CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
- Descriptive title of the invention
- Cross Reference to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to sequence listing, a table or a computer program listing appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure
- Drawing(s) (35 U.S.C. 113) [Total Sheets 6] 6 CD-ROM or CD-R (2 copies), or paper
- Oath or Declaration [Total Pages 1] 1 Statements verifying identity of above copies
- a. Newly executed (original or copy)
Copy from a prior application (37 CFR 1.63 (d))
(for continuation/divisional with Box 18 completed)
- i. **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)
- Application Data Sheet. See 37 CFR 1.76

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

- 7 Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
 - a Computer Readable Form (CRF)
 - b Specification Sequence Listing on
 - CD-ROM or CD-R (2 copies), or
 - paper
 - c. Statements verifying identity of above copies

COPY OF PAPERS
ORIGINALLY FILED

ACCOMPANYING APPLICATION PARTS

9. Assignment Papers (cover sheet & document(s))
10. 37 CFR 3 73(b) Statement Power of (when there is an assignee) Attorney
11. English Translation Document (if applicable)
12. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS
13. Preliminary Amendment
14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
15. Certified Copy of Priority Document(s) (if foreign priority is claimed)
16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent
17. Other:

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76.

Continuation Divisional Continuation-in-part (CIP)

of prior application No _____ / _____

Prior application information

Examiner _____

Group Art Unit _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label	[REDACTED]				or <input type="checkbox"/> Correspondence address below
Name	EILEEN S SCHALLER				
Address	79 LIVERMORE EXT.				
City	DRYDEN	State	N.Y.	Zip Code	13053
Country	U.S.A.	Telephone	607 844-9335	Fax	
Name (Print/Type)	EILEEN S SCHALLER	Registration No. (Attorney/Agent)			
Signature	Eileen S Schaller			Date	11/25/01

Burden Hour Statement. This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U S Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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PTO/SB/21 (08-00)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number

Filing Date

First Named Inventor

Group Art Unit

Examiner Name

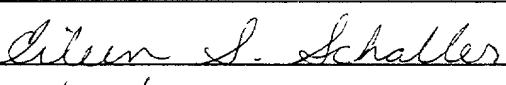
Total Number of Pages in This Submission

Attorney Docket Number

ENCLOSURES (check all that apply)

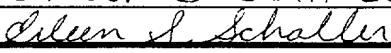
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below).
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	EILEEN S. SCHALLER	
Signature		
Date	11/25/01	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date

Typed or printed name	EILEEN S. SCHALLER	
Signature		Date 11/25/01

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Small Entity Claim

I, Eileen S. Schaller, the applicant, hereby claim small entity status.

Inventor



Eileen S. Schaller

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FEE TRANSMITTAL

for FY 2001

Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT

(\$ 370.00)

Complete if Known

Application Number
Filing Date
First Named Inventor
Examiner Name
Group Art Unit
Attorney Docket No.

METHOD OF PAYMENT				FEE CALCULATION (continued)																																																																																																																																			
<p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to</p> <p>Deposit Account Number <input type="text"/></p> <p>Deposit Account Name <input type="text"/></p> <p><input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27</p>				<p>3. ADDITIONAL FEES</p> <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205 65 Surcharge - late filing fee or oath</td><td><input type="text"/></td></tr> <tr><td>127</td><td>50</td><td>227 25 Surcharge - late provisional filing fee or cover sheet</td><td><input type="text"/></td></tr> <tr><td>139</td><td>130</td><td>139 130 Non-English specification</td><td><input type="text"/></td></tr> <tr><td>147</td><td>2,520</td><td>147 2,520 For filing a request for ex parte reexamination</td><td><input type="text"/></td></tr> <tr><td>112</td><td>920*</td><td>112 920* Requesting publication of SIR prior to Examiner action</td><td><input type="text"/></td></tr> <tr><td>113</td><td>1,840*</td><td>113 1,840* Requesting publication of SIR after Examiner action</td><td><input type="text"/></td></tr> <tr><td>115</td><td>110</td><td>215 55 Extension for reply within first month</td><td><input type="text"/></td></tr> <tr><td>116</td><td>390</td><td>216 195 Extension for reply within second month</td><td><input type="text"/></td></tr> <tr><td>117</td><td>890</td><td>217 445 Extension for reply within third month</td><td><input type="text"/></td></tr> <tr><td>118</td><td>1,390</td><td>218 695 Extension for reply within fourth month</td><td><input type="text"/></td></tr> <tr><td>128</td><td>1,890</td><td>228 945 Extension for reply within fifth month</td><td><input type="text"/></td></tr> <tr><td>119</td><td>310</td><td>219 155 Notice of Appeal</td><td><input type="text"/></td></tr> <tr><td>120</td><td>310</td><td>220 155 Filing a brief in support of an appeal</td><td><input type="text"/></td></tr> <tr><td>121</td><td>270</td><td>221 135 Request for oral hearing</td><td><input type="text"/></td></tr> <tr><td>138</td><td>1,510</td><td>138 1,510 Petition to institute a public use proceeding</td><td><input type="text"/></td></tr> <tr><td>140</td><td>110</td><td>240 55 Petition to revive - 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**or number previously paid, if greater. For Reissues, see above

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	EILEEN S. SCHALLER	Registration No. (Attorney/Agent)	Telephone	(607) 844-9335
Signature	<i>Eileen S. Schaller</i>		Date	11/25/01

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